POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Hm	6764	9/27/w
O.I.P.E. CLASSIFIER			5
FORMALITY REVIEW	BZ	JC3-283	10-26-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
—	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim		Date									
Final	Original	2/88/02	11/20/02	9/24/03							
	2										
	3										
	4										
	6	✔									
	7										
	8										
	9										
	10										
	11										
	12										
	13	✔									
	14	✔									
	15	0									
	16	✔									
	17										
	18										
	19										
	20										
	21										
	22										
	23										
	24										
	25										
	26										
	27										
	28										
	29										
	30										
	31										
	32										
	33										
	34										
	35										
	36										
	37										
	38										
	39										
	40										
	41										
	42										
	43										
	44										
	45										
	46										
	47										
	48										
	49										
	50										

Claim		Date								
Final	Original									
	51									
	52									
	53									
	54									
	55									
	56									
	57									
	58									
	59									
	60									
	61									
	62									
	63									
	64									
	65									
	66									
	67									
	68									
	69									
	70									
	71									
	72									
	73									
	74									
	75									
	76									
	77									
	78									
	79									
	80									
	81									
	82									
	83									
	84									
	85									
	86									
	87									
	88									
	89									
	90									
	91									
	92									
	93									
	94									
	95									
	96									
	97									
	98									
	99									
	100									

Claim		Date								
Final	Original									
	101									
	102									
	103									
	104									
	105									
	106									
	107									
	108									
	109									
	110									
	111									
	112									
	113									
	114									
	115									
	116									
	117									
	118									
	119									
	120									
	121									
	122									
	123									
	124									
	125									
	126									
	127									
	128									
	129									
	130									
	131									
	132									
	133									
	134									
	135									
	136									
	137									
	138									
	139									
	140									
	141									
	142									
	143									
	144									
	145									
	146									
	147									
	148									
	149									
	150									

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)